

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: ELLMAN ADULT FAMILY HOME (0009930)

Address: 260 S SILVERBROOK DR, WEST BEND, WI 53095

License Status: REGULAR

Licensed/Certified/Registered 06/30/2003

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Survey ID: 0094937 End Date: 05/16/2005 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008225 Served 05/31/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.04(2)(a)	RESPONSIBILITIES		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(b)	FREE OF HAZARDS		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.05(5)	TELEPHONE		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS		
88.07(2)(b)5	MONITORING HEALTH		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.09(1)(d)11	RESIDENT FUNDS		
88.09(2)(b)	LICENSEE RECORD		

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Provider Inspection Summary
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Enforcement History

Date: 05/26/2005 **SOD #**10008225 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

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